

Summer Food Service Program for Children

2008 Sponsor's Instructional Handbook



Food That's In...When School's Out!



Montana Office of Public Instruction • Linda McCulloch, Superintendent • www.opi.mt.gov

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To download an electronic version of these forms, please visit: <http://www.opi.mt.gov/schoolfood/summerpgm.html>.

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Checklist for the Summer Food Service Program (SFSP)

Forms to complete and keep on file (**bold** indicates forms that must be completed daily):

- _____ Approved Agreement, Application, Budget, and Site Information Sheets (online at <http://data.opi.mt.gov/CNP/Login.asp>)
- _____ Evidence to show eligibility for each site based on serving needy children
(or in the case of camps and enrolled sites, evidence is individually documented to show those children as being eligible for free or reduce price school meals)
- _____ Letter from IRS showing tax-exempt status (for private nonprofit sponsors)
- _____ Public Release (must be submitted to the local paper or other source of advertisement prior to the beginning of program operations)
- _____ Letter to Sanitarian (must be submitted to the local county health department prior to beginning of program operations)
- _____ Pre-approval site visit forms (one must be completed for each site)
- _____ Site Review Form (1 during the 1st week of operation and the 2nd in the 4th week of operation)
- _____ Racial/Ethnic Data Form (as part of the Site Review Form)
- _____ Off-site Activity Form/Field Trip Request Form (this only needs to be filled out if off-site activities are planned. Must be submitted to OPI at least one week in advance, and written approval must be received from this office.)
- _____ Training Certification Form (must document that all staff have received training)
- _____ Enrollment Information Form (must be returned to OPI before the beginning of the program-camps and enrolled sites)
- _____ Free and Reduced-Price Application (use only as needed for enrolled sites)
- _____ **Daily Meal Count Form** (one form must be completed for each meal at each site)
- _____ Monthly Meal Summary Form
- _____ Inventory (Physical Inventory must be completed at the beginning and end of operation and once a month)
- _____ Closing Inventory Report (must be submitted to OPI before the last claim for reimbursement will be approved)
- _____ Monthly Meal Cost Summary
 - _____ Receipts, invoices, and bills for all rented or purchased items and services
 - _____ Purchase invoices
 - _____ Payroll and time-attendance records for site and administrative personnel
 - _____ Trip Record (as applicable)
 - _____ Bank statements and deposit slips
- _____ **Production Record** (one must be completed for each meal served)
- _____ **Receiving Record** (as applicable, one must be completed for each meal served at receiving sites)

Records to support funds accruing to the Program (as applicable):

- _____ Site records of cash collected
- _____ Copies of receipts given for cash donations
- _____ Records of any other funds received for the Summer Food Service Program

Other records (as applicable):

- _____ Agreement with schools to furnish meals
- _____ Contract with food service management company
 - _____ Bid procedures used
- _____ Records and inventories of USDA-donated foods
- _____ Sanitation and health reports
- _____ Beneficiary Data Form



PRE-APPROVAL SITE VISIT FORM

Site name: _____ Phone Number _____

Site address: _____

Name of person to contact for use of site: _____

Type of site: _____ Recreational
 _____ School
 _____ Church
 _____ Playground
 _____ Park
 _____ Residential Camp
 _____ Other, Explain _____

Estimated number of children the site could serve: _____

Estimated number of needy children in area: _____

Estimated number of supervisory personnel needed to adequately control the food service: _____

Is another site needed in this area? _____

Is the food preparation area on site? _____ Yes _____ No. If no, what satellite facility will serve this site? _____

Is there a place to store prepared or delivered food? _____

Is there a place to store summer food service records? _____

Describe the facility and equipment available:

Seating capacity _____

Shelter (inclement weather) _____

Refrigeration _____ Milk Coolers _____

Frozen storage _____ Dry storage _____

Stoves _____ Ovens _____

Holding Facilities _____ Serving counters _____

Are all utilities operable? ☐ Gas ☐ Electricity
 ☐ Hot Water ☐ Cold Water
 ☐ Other, Explain _____

Are present facilities adequate to meet the needs of this proposed meal service? _____
If not, comment: _____

Has the facility been inspected by the local county sanitarian? ☐ Yes ☐ No If not,
when will this inspection be made? _____

What types of organized activities are possible or planned at this site? _____

List any deficiencies that have been observed and may need to be repaired before the program
begins: _____

I certify that this site has been inspected before the beginning of the Summer Food Service
Program.

Signature

Date

Site Review Form (*Self-Preparation Programs*) Continued

YES	NO	EXPLAIN ANY "NO" ANSWERS BELOW
_____	_____	1. Are meals served as a unit? (note if OVS site.)
_____	_____	2. Do meals meet the menu as planned?
_____	_____	3. Do meals meet meal pattern requirements?
_____	_____	4. Are meals served during assigned meal times?
_____	_____	5. Are all meals served and consumed onsite? (Check with sponsor to find out if fruits or vegetables can be taken off-site.)
_____	_____	6. Are meals planned and prepared with one meal per child in mind?
_____	_____	7. Are meals served as second meals excessive?
_____	_____	8. Are accurate point-of-service counts taken of meals served?
_____	_____	9. Does site have a place to serve children meals in case of inclement weather?
_____	_____	10. Is required health department certification available for inspection?
_____	_____	11. Is an inventory record being kept?
_____	_____	12. Are receiving reports and purchase invoices kept?
_____	_____	13. Does staffing pattern correspond to that listed on approved site application sheet?
_____	_____	14. Has site supervisor attended training session?
_____	_____	15. Are records of adult meals being kept?
_____	_____	16. Is there documentation of children's income eligibility, if applicable?
_____	_____	17. Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?
_____	_____	18. Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	19. Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?
_____	_____	20. Is informational material concerning the availability and nutritional benefits of the program available in appropriate translations?

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Off-site consumption by children (do not include fruits or vegetables taken off-site if allowed by the sponsor and State agency).	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met (specify).	_____	_____
5. Meals not served as a unit (do not include if OVS is allowed at the site).	_____	_____
6. Meal serving times not met.	_____	_____

CHECK IF THE FOLLOWING APPLY (Explain any checked items)	EXPLANATION
7. No records	
8. Incomplete records	
9. Poor sanitation	
10. Other	

Corrective action discussed with (name and title):

Corrective action taken:

Site supervisor's comments:

Further action needed by (date):

I certify that the above information is correct:

_____	_____	_____	_____
Monitor's Signature	Date	Site Supervisor's Signature	Date

_____	_____
Sponsor Representative's Signature	Date



**SITE REVIEW FORM (VENDED PROGRAMS)
SUMMER FOOD SERVICE PROGRAM**

NOTE: To be completed during first four weeks of operations.

Sponsor: _____ Site: _____

Site contact: _____
Name Title

Site address: _____

Telephone: _____ Date of review: _____

Monitor's arrival time: _____ Departure time: _____

Site supervisor: _____

Regular site: _____ Camp site: _____ Average daily participation: _____
(if applicable)

Today's attendance: _____ Approved meal service time: _____

Type(s) of meals reviewed:

	Breakfast	Snack	Lunch	Snack	Supper
Approved level(s) of meal service	_____	_____	_____	_____	_____

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# meals delivered					
# meals/milk from previous day					
Time meals delivered					
Time meals served					
# first meals served to children					
# second meals served to children					
# meals served to Program adults					
# meals served to non-Program adults					
# meals leftover					

MAJOR VIOLATIONS	ACTUAL COUNT	TYPE OF MEAL
1. Adult meals included in count of meals served to children.	_____	_____
2. Offsite consumption. (Do not include fruits and vegetables if allowed by State Agency and sponsor).	_____	_____
3. More than one meal served at one time to children.	_____	_____
4. Meal pattern not met (specify).	_____	_____
5. Meals not served as a unit.	_____	_____
6. Meal serving times not met.		

CHECK IF THE FOLLOWING APPLY (Explain any checked items)	EXPLANATION
7. No records	
8. Incomplete records	
9. Poor sanitation	
10. Other	

Corrective action discussed with (name and title):

Corrective action taken:

Site supervisor's comments:

Further action needed by (date):

I certify that the above information is correct:

_____ Monitor's signature	_____ Date	_____ Site supervisor's signature	_____ Date
_____ Sponsor representative's signature	_____ Date		



RACIAL or ETHNIC DATA FORM**

Sponsor: _____

Site: _____

Address: _____

Site supervisor: _____

Ethnic Categories	Number of Participating Children
Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."	
Non-Hispanic or Latino	
Racial Categories	
American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."	
Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.	
<div style="border-top: 1px solid black; margin-top: 10px; padding-top: 5px;"> Monitor's Signature </div>	<div style="border-top: 1px solid black; margin-top: 10px; padding-top: 5px; text-align: center;"> Date </div>

** Note: Based on OMB Notice, Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity, published 10/30/97 and on FNS Instruction 113-1, Civil Rights Compliance and Enforcement Nutrition Programs and Activities, published November 8, 2005.





Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program Enrollment Information

At the beginning of each session, sponsors with camps and enrolled programs must submit actual enrollment numbers for each site.

Please complete and mail to: **Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.**

Sponsor Name _____ Agreement Number _____

Address _____
Street City State Zip Code

Number of children who qualify for free meals _____

Number of children whose family size and income
exceeds the guidelines for Summer Food Meals _____

I certify that the above information is true and correct and that this information is being given in connection with the receipt of federal funds. I am aware that deliberate misrepresentation or withholding of information may result in prosecution under applicable State and Federal statutes.

Authorized Signature _____ Date _____



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program Offsite Activity Form

Only approved meals served at eligible and approved sites may be claimed for reimbursement. Off-site activities and field trips may be accommodated if approved by the Office of Public Instruction, School Nutrition Program in advance.

Requests must be submitted and received at least one week prior to the activity.

Please complete and mail to: **Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.**

Today's Date _____

Name of Sponsoring Program _____ Agreement # _____

Name of Site Program _____

Date(s) of offsite activity _____

Location of offsite activity _____

<input checked="" type="checkbox"/>	Check the meals to be consumed offsite	List the # of anticipated children for each meal
	Breakfast	
	Lunch	
	Dinner	
	Snack	

I hereby assure that:

Yes

No

1. Only eligible Children will be served _____

2. All meals will meet requirements _____

3. All meals will be properly supervised _____

Name of person submitting request _____

Sponsor's Signature _____

Contact Phone Number _____

E-mail Address _____

For State Use Only

Date Received _____

Approving Official _____

Sponsor Contacted by: Phone _____ Letter _____ E-Mail _____ In-person _____



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program Training Certification

Sponsor Name _____ Agreement Number _____

Address _____
Street City State Zip Code

Date(s) of Training Session(s) _____

Number of Attendees at each Site _____

Subject areas covered in training Session(s) _____

Please complete and mail to: **Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.**

I certify that required training has been conducted for all sponsor and site personnel to include all applicable federal regulations and that attendance records will be maintained in sponsor files. I also certify that no site will operate the Summer Food Service Program unless site personnel have been trained.

Authorized Signature _____ Date _____

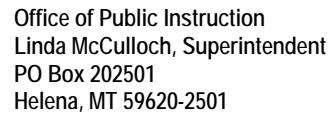
(For Sponsor Use Only)
SUMMER FOOD SERVICE PROGRAM
INCOME ELIGIBILITY GUIDELINES

Effective from July 1, 2007 through June 30, 2008

Household size	Yearly(\$)	Monthly(\$)	Weekly(\$)
1	18,889	1,575	364
2	25,327	2,111	488
3	31,765	2,648	611
4	38,203	3,184	735
5	44,641	3,721	859
6	51,079	4,257	983
7	57,517	4,794	1,107
8	63,955	5,330	1,230
Each additional person:	6,438	537	124



DAILY MEAL COUNT FORM																										
Site Name:												Meal Type (circle) : B L SN SU														
Address:												Telephone:														
Supervisor's Name:										Delivery Time:					Date:											
Meals received/prepared _____ + Meals available from previous day _____ = _____ (Total meals available)																								[1]		
First Meals Served to Children (cross off number as each child receives a meal):																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20							
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40							
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60							
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80							
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100							
101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120							
121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140							
141	142	143	144	145	146	147	148	149	150											Total First Meals +	[2]					
Second meals served to children:																										
1	2	3	4	5	6	7	8	9	10																Total Second Meals +	[3]
Meals served to Program adults:																										
1	2	3	4	5	6	7	8	9	10																Total Program Adult Meals +	[4]
Meals served to non-Program adults:																										
1	2	3	4	5	6	7	8	9	10																Total non-Program Adult Meals +	[5]
TOTAL MEALS SERVED =																								[6]		
Total damaged/incomplete/other non-reimbursable meals +																								[7]		
Total leftover meals +																								[8]		
Total of items:												[6]	+	[7]	+	[8]	=	[9]								
(Item [9] should be equal to item [1])																										
Number of additional children requesting a meal after all available meals were served:																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15												
By signing below, I certify that the above information is true and accurate:																										
_____ Signature												_____ Date														



Summer Food Service Program

Site Name _____ Date From _____ Date To _____

Key: B = Breakfast; AM = AM Snack; L = Lunch; PM = PM Snack; S = Supper

[illegible]

Number of children enrolled_____ Number of children approved for this site_____ Number of children eligible for free meals_____

I certify that the above counts are true and correct. Authorized Signature _____ Date _____



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program
ADULT DAILY MEAL COUNT FORM - ENROLLED SITES AND CAMPS

Site Name _____ Date From _____ Date To _____

Key: B = Breakfast; AM = AM Snack; L = Lunch; PM = PM Snack; S = Supper

Name	B	A M	L	P M	S	B	A M	L	P M	S	B	A M	L	P M	S	B	A M	L	P M	S	B	A M	L	P M	S
Program Adults																									
Non-Program Adults																									
Total Ineligible Meals (I)																									

I certify that the above counts are true and correct. Authorized Signature _____ Date _____

**SUMMER FOOD SERVICE PROGRAM
MONTHLY MEAL SUMMARY
(SITES CLAIMING SECONDS)**

Key: CH = Children; PA = Program Adults; NPA = Non-Program Adults

Month _____
Agreement Number _____
Sponsor Name _____
Site/Camp _____

Day	Number of meals served to eligible children								Number of ineligible meals served												
	Breakfast		Snack		Lunch		Supper		Breakfast			Snack			Lunch			Supper			
	1st	2nd	1st	2nd	1st	2nd	1st	2nd	CH	PA	NPA	CH	PA	NPA	CH	PA	NPA	CH	PA	NPA	
1																					
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29																					
30																					
31																					
Total																					



**SUMMER FOOD SERVICE PROGRAM
MONTHLY MEAL SUMMARY
(SITES NOT CLAIMING SECONDS)**

Key: CH = Children; PA = Program Adults; NPA = Non-Program Adults

Month _____
 Agreement Number _____
 Sponsor Name _____
 Site/Camp _____

Day	Number of meals served to eligible children				Number of ineligible meals served											
	Breakfast	Snack	Lunch	Supper	Breakfast			Snack			Lunch			Supper		
					CH	PA	NPA	CH	PA	NPA	CH	PA	NPA	CH	PA	NPA
1																
2																
3																
4																
5																
6																
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28																
29																
30																
31																
Total																



INVENTORY CONTROL SHEET				
Name of site/sponsor:			Onsite:	
Central kitchen:				
Inventory period:			to	
Beginning inventory: \$				
1. Food item	2. Purchase Unit Size (bag, can etc.)	3. # of units on hand	4. Unit cost	5. Total cost
Ending inventory				\$



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program **2008 USDA Donated Foods**

The following USDA donated foods will be available on an allocated fair-share basis. Sponsors will be requested to make a choice of specific items up to their allocated dollar amount.

USDA Donated Foods
Apple Slices
Applesauce
Apricots
Bakery Mix
Beans, Pinto
Beans, Refried
Beans, Vegetarian
Cheese, Sliced
Cherries, Dried
Mixed Fruit
Rotini
Peaches
Peanut Butter
Pears
Salsa
Spaghetti Sauce

For more information on commodity foods for the Summer Food Service Program, please contact Judy Wilson, Distribution Coordinator, at (406) 444-4415 or juwilson@mt.gov.



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program Closing Inventory Report

Sponsor Name _____ Agreement Number _____

Address _____
Street City State Zip Code

Federal Regulations require that the Summer Food Service Program sponsors conduct an ending physical inventory of USDA donated foods remaining at each site operated by the sponsor.

Count the remaining USDA donated foods that were received for the current year Summer Food Service Program and record the amounts (write "0" for items if no inventory remains) after the program has ended.

Mail the completed form to: **Office of Public Instruction, School Nutrition Programs, PO Box 202501, Helena, MT 59620-2501 or Fax (406) 444-2955.**

USDA Donated Food	Quantity Remaining	Units
Apple Slices		
Applesauce		
Apricots		
Bakery Mix		
Beans, Pinto		
Beans, Refried		
Beans, Vegetarian		
Cheese, Sliced		
Cherries, Dried		
Mixed Fruit		
Rotini		
Peaches		
Peanut Butter		
Pears		
Salsa		
Spaghetti Sauce		

I certify that the above listed USDA donated foods are on hand at the end of the Summer Food Service Program and are adequately protected from loss due to improper storage and theft.

Authorized Signature _____ Date _____

TRIP RECORD – Site and Food Service Staff*

Name of Employee:

Date	Odometer Reading: Start	Odometer Reading: Stop	Number of Miles	Itinerary

Signature of Employee

*Use this form for any staff performing an **operating** task, specifically related to the food service (e.g. site staff, cooks, etc. transporting meals).



TRIP RECORD – Administrative Staff*

Name of Employee:

Date	Odometer Reading: Start	Odometer Reading: Stop	Number of Miles	Itinerary

Signature of Employee

*Use this form for any staff performing an **administrative** task (e.g. monitors, sponsor administrative staff visiting/reviewing sites).



CLAIM FOR REIMBURSEMENT INSTRUCTIONS for the Summer Food Service Program (SFSP)

The Claim for Reimbursement is submitted on line at <http://data.opi.mt.gov/cnp/Login.asp>. The system will not accept claims that are 60 days past the month being reported.

Claim Detail

1. Report the Average Daily Participation, Number of Sites and Operating Days covering the month being reported. Claiming periods may exceed one month. If the program operates for nine days or less in the following or preceding month, include in the month being reported. However, a claim may not cover more than two months. Report the following Items.

Eligible Meals Served

2. Number of eligible child meals served in each category from the Monthly Meal Summary or Monthly Consolidation Form,
3. Second Meals served to students,
4. Total Meals served,

Non-Program Adult Meals Served

5. The total number of non-program Adult Meals Served,

Non-USDA Income to Program

Leave Blank

Program Expenses

Leave Blank

6. Check if claim is ready to submit and click on "Submit."

SFSP

Montana Office of Public Instruction

Sponsor Claim

University of Montana Upward Bound (32-9024)

Upward Bound Missoula, MT 59812

June 2000
Pending Submission
Original Claim

Bottom of Form

Claim Detail	(A) Month	(B) ADP	(C) Number of Sites	(D) Operating Days
(1) Claim Month Selected	June			

Eligible Meals Served	(A) Breakfast	(B) AM Snack	(C) Lunch	(D) Supper	(E) PM Snack
(4) First Meals					
(5) Second Meals					
(6) Total Meals					

Non-Program Adult Meals Served	(A) Breakfast	(B) AM Snack	(C) Lunch	(D) Supper	(E) PM Snack
(7) Adult Meals Served					

Non-USDA Income to Program
(8) Adult Payments
(10) Food Service Contributions
(12) Other Income

Program Expenses
(9) Food
(11) Labor
(13) Other
(14) Total Operating Expenses

- (15) ☐ Check here when claim is ready for payment
- (16) Total Administrative Expenses

I certify that information submitted on this claim for reimbursement is true and correct. I am aware that the deliberate misrepresentation or withholding of such information may result in prosecution under applicable State and Federal statutes. I certify that I have operated all sites for which I have been approved and that there has been no significant change in projected administrative costs since the previous claim or receipt of advance payment.

OPI Internal Use Only

- (17) ☐ Override Edit Checks
- (18) Reason for Exceptions



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

Summer Food Service Program 2008 Reimbursement Rates

Summer Food Service Program MAXIMUM REIMBURSEMENT RATE Expressed in Dollars or Fractions Thereof 2008

	Rural or Self- Preparation sites	Urban/Vended
Breakfast	\$1.7275	\$1.6925
Lunch or Supper	\$3.0375	\$2.9875
Supplement	\$0.7175	\$0.7025

Summer Food Service Program (SFSP) Meal Pattern Requirements

	Breakfast	Lunch or Supper	Snack ¹ (Choose two of the four)
Milk Milk, fluid	1 cup (8 fl. oz.) ²	1 cup (8 fl. oz.) ³	1 cup (8 fl. oz.) ²
Vegetables and/or Fruits Vegetable(s) and/or fruit(s) or Full-strength vegetable or fruit juice or an equivalent quantity of any combination of vegetables(s), fruit(s), and juice	½ cup ½ cup (4 fl. oz.)	¾ cup total ⁴	¾ cup ¾ cup (6 fl. oz.)
Grains and Breads⁵ Bread or Cornbread, biscuits, rolls, muffins, etc. or Cold dry cereal or Cooked pasta or noodle product or Cooked cereal or cereal grains or an equivalent quantity of any combination of grains/breads	1 slice 1 serving ¾ cup or 1 oz. ⁶ ½ cup ½ cup	1 slice 1 serving ½ cup ½ cup	1 slice 1 serving ¾ cup or 1 oz. ⁶ ½ cup ½ cup
Meat and Meat Alternates Lean meat or poultry or fish or alternate protein product ⁷ or Cheese or Eggs or Cooked dry beans or peas or Peanut butter or soy nut butter or other nut or seed butters or Peanuts or soy nuts or tree nuts or seeds or Yogurt, plain or sweetened and flavored or An equivalent quantity of any combination of the above meat/meat alternates	(Optional) 1 oz. 1 oz. 1/2 large egg ¼ cup 2 tbsp. 1 oz. 4 oz. or ½ cup	 2 oz. 2 oz. 1 large egg ½ cup 4 tbsp. 1 oz.= 50% ⁸ 8 oz. or 1 cup	 1 oz. 1 oz. 1/2 large egg ¼ cup 2 tbsp. 1 oz. 4 oz. or ½ cup

For the purpose of this table, a cup means a standard measuring cup.
Indicated endnotes can be found on the next page.



Endnotes to Meal Pattern Requirements for SFSP:

1. Serve two food items. Each food item must be from a different food component. Juice may not be served when milk is served as the only other component
2. Must be served as a beverage or on cereal, or part for each purpose.
3. Must be served as a beverage.
4. Serve two or more kinds of vegetables(s) and/or fruits(s) or a combination of both. Full-strength vegetable or fruit juice may be counted to meet not more than one-half of this requirement.
5. All grain/bread items must be enriched or whole-grain, made from enriched or whole-grain meal or flour, or if it is a cereal, the product must be whole-grain, enriched or fortified. Bran and germ are credited the same as enriched or whole-grain meal or flour.
6. Either volume (cup) or weight (oz.) whichever is less.
7. Must meet the requirements in Appendix A of the SFSP regulations.
8. No more than 50 percent of the requirement shall be met with nuts or seeds. Nuts or seeds shall be combined with another meat/meat alternate to fulfill the requirement. When determining combinations, 1 oz. of nuts or seeds is equal to 1 oz. of cooked lean meat, poultry, or fish.

PRODUCTION RECORD

Summer Food Service Program (SFSP)

Date: _____

Type of Meal: ☐ Breakfast ☐ Lunch ☐ Snack ☐ Dinner

First Meal Served (Time): _____ Last Meal Served (Time): _____

Meals Served:

Student: _____ Adult: _____
 First Meals: _____ Program Adults: _____ Total Meals Planned: _____
 Second Meals: _____ Non-program Adults: _____ Total Meals Served: _____

Menu: _____

Planned Serving Size:	Components	Total Quantity Food Used	Total Number of Servings
	Meat/Meat Alternate (<i>2 oz. minimum</i>)		
	Fruits and Vegetables (<i>3/4 cup minimum, at least 2 different kinds</i>)		
	Bread/Grain (<i>1 oz./day minimum</i>)		
	Fluid Milk (<i>specify type, 8 oz. minimum</i>)		
	Other Food (<i>not in meal pattern</i>)		



SUMMER FOOD SERVICE PROGRAM RECEIVING SITE RECORD

Completed by Central Kitchen	
Receiving Site_____	Date_____
Number of Meals Ordered_____	Time Food Sent_____

Menu	Comments

Completed by Site Supervisor						
Serving Size	Food Items	Servings Per Pan	Pan Count	Food Temp	Amount Received	Over or Short

Completed by Receiving Site – Site Supervisor	
Number of Meals Served_____	Time Food Received_____
Child _____	
Adult _____	
Leftover_____	
Site Supervisor: Return completed form to Central Kitchen daily.	
<div style="border-top: 1px solid black; width: 30%; margin: 0 auto;"></div> Signature of Site Supervisor	

Revised 04/07



MIGRANT PRODUCTION RECORD

Summer Food Service Program (SFSP)

Date: _____

Type of Meal: ☐ Breakfast ☐ Lunch ☐ Snack ☐ Dinner

First Meal Served (Time): _____ Last Meal Served (Time): _____

Meals Served:

Student:

First Meals: (1-2) _____ (3-5) _____ (6-18) _____

Adult:

Program Adults: _____ Total Meals Planned: _____

Non-program Adults: _____ Total Meals Served: _____

Menu: _____

Planned Serving Size by Age Group			Components	Total Quantity Food Used	Total Number of Servings
1-2	3-5	6-18	Meat/Meat Alternate (<i>2 oz. minimum</i>)		
			Fruits and Vegetables (<i>3/4 cup minimum, at least 2 different kinds</i>)		
			Bread/Grain (<i>1 oz./day minimum</i>)		
			Fluid Milk (<i>specify type, 8 oz. minimum</i>)		
			Other Food (<i>not in meal pattern</i>)		



INFANT MEAL RECORD: Sponsor: _____ Month/Year: _____ Infant Name: _____ Age: _____ months

Type of Breast Milk and/or Iron Fortified Infant Formula: _____ Comments: _____

Use the infant meal pattern per age on the left and parent/medical feeding guidance to record the amount of breast milk and/or iron fortified infant formula and food *offered* to the infant. For *required* components, minimum amounts must be offered except with breast milk (see Breastfed Infants note) or with a medical statement.

Food Components	Meal Pattern for Infants			Date	Date	Date	Date	Date
Breakfast	0-3 MO	4-7 MO	8-11 MO	Amount Offered	Amount Offered	Amount Offered	Amount Offered	Amount Offered
Breast Milk or Iron Fortified Infant Formula	4-6 fl.oz.	4-8 fl.oz.	6-8 fl.oz.					
Iron Fortified Infant Cereal give type (rice, oatmeal, etc.)		0-3 T. (optional)	2-4 T.					
Fruit and/or Vegetable			1-4 T.					
Lunch	0-3 MO	4-7 MO	8-11 MO	Amount Offered	Amount Offered	Amount Offered	Amount Offered	Amount Offered
Breast Milk or Iron Fortified Infant Formula	4-6 fl.oz.	4-8 fl.oz.	6-8 fl.oz.					
Iron Fortified Infant Cereal give type (rice, oatmeal, etc.) <u>or</u> Meat, Poultry, Fish, Egg Yolk, Cooked Dry Beans or Peas <u>or</u> Cheese <u>or</u> Cottage Cheese		0-3 T. (optional)	2-4 T. 1-4 T. ½-2 oz. 1-4 oz.					
Fruit and/or Vegetable		0-3 T. (optional)	1-4 T.					
Snack	0-3 MO	4-7 MO	8-11 MO	Amount Offered	Amount Offered	Amount Offered	Amount Offered	Amount Offered
Breast Milk or Iron Fortified Infant Formula <u>or</u> 100% Fruit Juice	4-6 fl.oz.	4-6 fl oz.	2-4 fl. oz. Up to 4 oz.					
Infant Bread Alternate (optional) bread or crackers made from whole-grain or enriched meal or flour			0-½ slice <u>or</u> 0-2 crackers					

See supper and notes on next page

Supper	0-3 MO	4-7 MO	8-11 MO	Amount Offered	Amount Offered	Amount Offered	Amount Offered	Amount Offered
Breast Milk or Iron Fortified Infant Formula	4-6 fl.oz.	4-8 fl.oz.	6-8 fl.oz.					
Iron Fortified Infant Cereal give type (rice, oatmeal, etc.) <u>or</u> Meat, Poultry, Fish, Egg Yolk, Cooked Dry Beans or Peas or Cheese or Cottage Cheese		0-3 T. (optional)	2-4 T. 1-4 T. ½-2 oz. 1-4 oz.					
Fruit and/or Vegetable		0-3 T. (optional)	1-4 T.					

Breastfed Infants: Infants who regularly consume less than the minimum amount of breast milk per feeding may be offered additional breast milk when hungry.

Amount Offered: Divide the space to enter what the infant actually ate. Example: You offered 4 oz of formula and the infant ate 2 oz of formula: 4 oz / 2 oz.

Food Safety: Breast milk or formula remaining in the bottle after the feeding must be disposed of because of contamination. Bottles stored in the refrigerator for future feedings must be labeled with the infant's name. Bottles may not be placed in the infant's crib.

Resources: For information and guidance on feeding infants go to: www.fns.usda.gov/tn/Resources/feeding_infants.html

